PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known Effective on 12/08/2004. uant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/786877 **Application Number** FEE TRANSMITTA 25 February 2004 Filing Date For FY 2005 Robert Byrne First Named Inventor Cynthia F. Collado **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3618

TOTAL AMOUN	IT OF PAYMENT	(\$) 180		Attorney Dock	et No. A	TL-149 <u>68</u>		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 18-0160 Deposit Account Number: 18-0160 Deposit Account Name: Rankin, Hill, Porter & Clark, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application '	Type Fee (Small Entity \$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple dependent claims 360 180								
Total Claims								
- 20 or HP = x = HP = highest number of total claims paid for, if greater than 20					<u>Fee (\$)</u>		'aid (\$)	
Indep. Claims	Extra Cl	-		Paid (\$)	_0	0		
-3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(\$) Fees Paid (\$) Non-English Specification \$120 for (no small antity discount)								
Non-English Specification, \$130 fee (no small entity discount) Other: Submission of Information Disclosure Statement								
Other: Submission of Information Disclosure Statement 180								
SUBMITTED BY								
Signature	1/1			Registration No. (Attorney/Agent)	32,119	Telephor	^{ne} 216-566-9700	
Name (Print/Type)	(Print/Type) Kenneth A. Clark					Date /	Date 11/30/6	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.